

CERTIFICATE of TRAINING
STAGE II VAPOR RECOVERY SYSTEMS

To be completed by Attendee: Facility Representative: _____

Facility Name: _____ Facility I.D.# _____

Facility Address: _____ Facility Phone: _____

Type of Vapor Recovery System: _____

To Be Completed by Instructor:

Instructor Name: _____ Instructor Company: _____

Instructor Signature: _____ Date: _____

This training includes the following:



- _____ Equipment Operation & Function
- _____ Maintenance Schedules & Requirements
- _____ Equipment Warranties
- _____ Equipment Manufacturer Contacts
- _____ Purposes & Effects of the Vapor Recovery Program
- _____ Other _____